

# ***Application for Institutional Financial Aid***

**Jackson State University**

Jackson, Mississippi 39217

***To be considered for a graduate assistantship the following deadlines apply: the Fall Semester, **March 1.*****

***Applicants who do not meet these deadlines cannot be guaranteed consideration for aid. Submit completed application to the Academic Department in which you plan to obtain a degree.***

*I wish to be considered for:* \_\_\_\_\_ *Tuition Waiver* \_\_\_\_\_ *Graduate Assistantship*

*Semester for which Financial Aid is desired:*

\_\_\_\_ *Fall Semester, 20*\_\_\_\_\_ \_\_\_\_\_ *Spring Semester, 20*\_\_\_\_\_

MAJOR FIELD OF PROPOSED GRADUATE WORK \_\_\_\_\_

## **I. PERSONAL DATA**

Name _____			J or SS# _____	Gender
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>		M / F
Current Address _____				
<i>Street</i>	<i>City</i>	<i>State/Country</i>	<i>Zip Code</i>	

Telephone Number (including area code): (     ) \_\_\_\_\_ Work Number (     ) \_\_\_\_\_

E-mail address \_\_\_\_\_ Current Position/Employer \_\_\_\_\_

## **II. EDUCATION BACKGROUND**

Name of university/college(s) attended, list in chronological order:

Dates of Attendance	Institution	Major/Minor	Degree/ Certificate Earned	Date Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## **III. WORK HISTORY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Send this application to the department in which you plan to obtain your degree:**

Chair/Department \_\_\_\_\_  
Department/College of \_\_\_\_\_  
Jackson State University  
Jackson, MS. 39217

\_\_\_\_\_  
Signature of Applicant/Date